	(IPA)	PART B - 1	FEE(S) TRA	NSMITTAL				
Complete and send t	his form together with	happlicable fee(s	s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	E FEE or Patents ginia 22313-1450	J'CC		
N TRUCTIONS: This for opriate. All further conditated unless corrected to the conditate of the conditation o	rm should be used for trans- respondence including the P below or directed the wise	mitting the ISSUE F atent, advance orders in Block 1, by (a) sp		` ,	will be mailed to the current; and/or (b) indicating a sepa	ould be completed where correspondence address as rate "FEE ADDRESS" for		
URRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for a	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
Steven I Weisbur Dickstein Sharpiro 1177 Avenue of the 41st Floor	d Morin & Oshinsky LL e Americas	P		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
New York, NY 100 27/2005 MBEYENE2 0000	036-2714 00100 09830785			(Depositor's name)				
						(Signature)		
C:1501 C:8001	1400.00 GP 30.00 GP					(Date)		
APPLICATION NO.	FILING DATE	FIRS	ST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/830,785	05/01/2001		Kojiro Hamabo	•	P/1905-100	3695		
TEM		on nos memos			TROL APPARATUS IN MOI			
APPLN. TYPE	YPE SMALL ENTITY ISSUE FE		E PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	nprovisional NO \$1				\$1400	06/28/2005		
EXAM	EXAMINER			CLASS-SUBCLASS	i			
	), EDAN	2684		455-522000	:	<u> </u>		
Change of correspond ddress form PTO/SB/1  "Fee Address" indica	e address or indication of "Fedence address (or Change of (22) attached.  tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence (tion form form form form form form form form	(1) the names of or agents OR, alto (2) the name of a registered attorned registered pater	nting on the patent front page, list ames of up to 3 registered patent attorneys OR, alternatively, ame of a single firm (having as a member a di attorney or agent) and the names of up to ded patent attorneys or agents. If no name is name will be printed.  DICKSTEIN, SHAPIRO, MORIN & OSHING  2  3				
LEASE NOTE: Unless	PRESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of	low, no assignee data	will appear on	the patent. If an assign	nee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGN	EE C	(B) R	ESIDENCE: (CI	TY and STATE OR CO	UNTRY)			
NEC C	orporation		lokyo	, Japa	u	· ·		
se check the appropriate	e assignee category or categor	ries (will not be printe	d on the patent):	Individual 🔼 C	Corporation or other private gro	oup entity Government		
he following fee(s) are	enclosed:	_	yment of Fee(s):					
Issue Fee		<del></del>		mount of the fee(s) is e				
Advance Order - # o	small entity discount permitte f Copies (10) TE	n O			s is attached.  charge the required fee(s), or(enclose an extra c	credit any overpayment, to opy of this form).		
hange in Entity Status	(from status indicated above			-				
* *	MALL ENTITY status. See 3		**	<u> </u>	ALL ENTITY status. See 37 C			
he Director of the USPTO C E: The Issue Fee and F est as shown by the rec	is requested to apply the Issu publication Fee (if required) A ords of the United States Pate	e Fee and Publication vill not be accepted fro int and Trademark Off	Fee (if any) or to om anyone other fice.	o re-apply any previous than the applicant; a reg	ly paid issue fee to the applications attorney or agent; or the	tion identified above.		
uthorized Signature	Michael	100		Date 1	ine 24, 20	x 5		
Typed or printed name _	Michael V.	Schee	<u>r</u>	Registration	1 No. 34,43	<u>-5</u>		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an pplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and utiliting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Un er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUN 2 4 2005 B

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC

Under the Pa	perwork Reduction Act of	1995, no person are requi	red to res	respond to a collection of information unless it displays a valid OMB control number.									
Face aumuset to	Effective on 12/08/ the Consolidated Approp	2004.	818)	Application Number 09/830,785-Conf. #3695									
	E TRANS	_			May 1, 2001								
		_			Kojiro Hamabe								
	For FY 20		Examiner Name		E. Orgad								
Applicar	nt claims small entity stat	A	<del></del>		2684								
TOTAL AMOUNT OF PAYMENT (\$) 1,430.00						S1905.0100							
METHOD OF PAYMENT (check all that apply)													
Check X Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
	FEE CALCULATION												
1. BASIC FILIN	G, SEARCH, AND E	KAMINATION FEES		<u> </u>									
Annliestian T		LING FEES  Small Entity  Fee (\$)		CH FEES Small Entity Fee (\$)	EXAMINA Fee (\$)	ATION FEES Small Entity Fee (\$)	Fees Pa	oid (\$)					
Application To Utility	ype <u>Fee (\$</u> 300		<u>ee (\$)</u> 500	250	200	100	<u>i ces ra</u>	<u>πα (ψ)</u>					
Design	200		100	50	130	65		<del></del>					
Plant	200		300	150	160	80							
					600	300							
Reissue	300	150 100	500 0	250 0	000	0							
Provisional	200	100	U	U	U	U ,		mall Entity					
Fee Description		uas)					Fee (\$)	mall Entity Fee (\$)					
Each independe		200	100										
Multiple depend	7	dding Reissues)					360	180					
Total Claims	Extra Claims	Fee Paid	aid (\$) <u>Multiple Deper</u>			dent Claims							
98	- 118 ,	=	-	Fee	· (\$) <u>F</u>	ee Paid (\$)							
Indep. Claims	Extra Claims		Fee Paid	d (\$)				-					
44	- 47 =	· =											
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheet				tional 50 or frac	tion thereof	Fee (\$)	Fee Pa	aid (\$)					
	- 100 =	/50	(ro	ound <b>up</b> to a who	le number) x	=	·						
4. OTHER FEE	, ,	) fee (no small entity	discour	nt)			Fees P	aid (\$)					
_	Specification, \$130	6		11.)			1,40	0.00					
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 8001 Printed copy of patent w/o color 30.00													
SUBMITTED BY	24:17	11 11/											
Signature	Michael	1. 10/20		egistration No. tomey/Agent)	34,425	Telephone	(212) 896	-5472					
Name (Print/Type)	Michael J. Scheel					Date	June 24,	2005					